
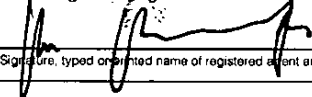
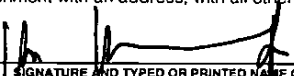


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90272 003 \*\*\*150.00

<b>DOCUMENT # P04000080694</b> 1. Entity Name <b>MB FLOORING INC.</b>					
Principal Place of Business <b>4103 IRONWARE DRIVE</b> <b>HOLIDAY, FL 34691</b>			Mailing Address <b>4103 IRONWARE DRIVE</b> <b>HOLIDAY, FL 34691</b>		
2. Principal Place of Business <b>7735 Fox Bloom DR -&gt;</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>PORT RICHEY FL</b>		City & State 		4. FEI Number <b>20-1147947</b>	
Zip <b>34668</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAKOWSKI, BOGDAN</b> <b>4103 IRONWARE DRIVE</b> <b>HOLIDAY, FL 34691</b>				7. Name and Address of New Registered Agent Name <b>MAKOWSKI BOGDAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>7735 Fox Bloom DR</b> City <b>PORT RICHEY FL</b> Zip Code <b>34668</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  <b>REGISTERED AGENT</b> <b>03/25/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAKOWSKI, BOGDAN 4103 IRONWARE DRIVE HOLIDAY, FL 34691	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7735 Fox Bloom DR</b> <b>PORT RICHEY FL 34668</b>
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAKOWSKI, ELIZABETH 4103 IRONWARE DRIVE HOLIDAY, FL 34691	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7735 Fox Bloom DR</b> <b>PORT RICHEY FL 34668</b>
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>BOGDAN MAKOWSKI</b> <b>03/25/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					